PDPPC Meeting September 25, 2013 – Draft Minutes (14-point)

Executive Summary: The meeting covered several areas of frustration including a process regarding training that has been going on for more than a year, and the slowness of progress with IHSS changes and expansion to SLS. There is detailed discussion in the minutes. We did get a written response on our recommendation re SLS and CES waivers which is available on the website. The IHSS sunset report is due 10/15 and we wanted Vivienne from DORA to attend our next meeting to discuss their recommendations. There were updates on the FMS re-procurements, rate change process at PPL and the allocation redesign process. There was discussion of the emergency flooding and how PPL was trying to raise money to help employees and clients. Medicaid does cover medications that were lost but many people did not know that.

The meeting was called to order at 1:03 pm by John Barry and Mary Colecchi.
Introductions were made and the following were present:

On the phone:

Rosemary Colby	Kathy Forbes	Robin Bolduc
Heather Jones	Mary Lou Walton	Stacia Haynes
Margaret Proctor	Linda Medina	Josh Winkler
Kelly Morrison	Martha Beavers	Maria Rodriguez
Bonnie Silva	Mark Simon	

In the room:

Linda Andre	Sara Horning	Jennifer Martinez
Linda Skaflen	Debbie Miller	Julie Reiskin
John Barry	Ann Dyer	Candie Dalton
Mary Colecchi	Daniel Holzer	Tiffani Rathbun
Jose Torres	Rhyann Lubitz	Whitney Zanotelli
Don Riester	Kevin Smith	Sam Murillo
Barb Ramsey	David Bolin	Kelly Tobin
Roberta Aceves	April Boehm	Julie Farrar

Excused:

Sueann Hughes

Housekeeping:

- Linda reviewed attendance record and voting members: People who have not been there for six months are deleted.
- Tyler Deines is not participating anymore as he is assigned to lead waiver redesign.
- Mary reviewed ground rules and agenda was reviewed.

Minutes: The emailed minutes did not have the edits from state staff. Julie said that she did not have a problem with any edits from the state staff and said that to the state. There were additional corrections on minutes from Cathey Forbes

1) Mary was not listed as present in the room; also Linda Loma and Anita were missing from the minutes. Linda will send to Julie.

2) Page 4 paragraph 5 line 7: Where Barbara Ramsey is responding the minutes read She also wanted to respond: wanted to be clear that her position is that we are not going to pursue CDASS. The word NOT is deleted as she said they ARE pursuing but not yet.
3) Page 7. Candie says she could XXX guidance on tasks and norms. It should say "use guidance."
4) A question regarding what agency in DORA is dealing with IHSS was asked –the answer is the Office of Regulatory Affairs.

Cathey was thanked for her edits.

Jose moved and Linda S seconded a motion to approve the minutes with corrections. All approved with Linda Andre and Mark Simon abstaining.

IHSS work plan review: Copy provided in paper at meeting and should be on website.

Candie reported the following:

1) Last month we identified a need for additional IHSS representation here and as a result Kevin Smith is now present. There was email traffic recruiting people and there may be even more representation in the future.
2) In reviewing the work plan they responded to Josh's request to add citations anywhere a barrier was cited. The revised work plan with citation and updates was sent via email to members of PDPPC.

3) There was a question about how IHSS got in the Spinal Cord Injury waiver if legislation was required for other waivers. The answer is that SCI is modeled after EBD so anything in EBD can be in SCI. Other than that the waivers excluded do not have authority by the legislature as the legislature only gave authority to EBD and CHCBS. Several people suggested that when IHSS is reauthorized via the sunset process if we can just get authority to offer it in any waiver.
4) The DORA report will be out on 10/15. We would like Vivienne to come meet with us after it is out to review the report. Candie will ask her to come.
5) Candie said that removing the limitation of family members being paid and allowing spouses to be paid requires a budget action. There was discussion about this—are we transferring services from paid to someone else to paid to family or if it is moving from unpaid to paid. There should also be evaluation of people not appropriate for CDASS or in an agency model that cannot meet needs moving to IHSS if this barrier is removed. The issue of spouses being paid for care requires a rule change but not a law change. Family limitation is current 444 hours a year for personal care. This is in law. Spouses are not allowed to be paid at all.
6) IHSS in the community: There was a discussion about this and people are very frustrated that this has not happened yet. There was a work plan to look at the policy issues and budget impact and they need to anticipate a budget action then a rule change to explicitly authorize in the community. People asked why this has not happened yet when it has been a year and a half since the

issue was raised and almost a year since we were told by management that IHSS was easy and did not need to be part of the home health benefits collaborative process. Jose said he would send a commitment letter from Suzanne Brennan from last year that was issued regarding the compromise related to IHSS in the community. Candie said that HCPF is still going to do it but there may be more steps. Several people asked about the hold up. Candie will share the detailed work plan outlining everything that actually has been done (John will send out)

Response to PDPPC Recommendation to add CDASS model to SLS and CES: The response was only sent out that morning so no one had a chance to read it. Linda S. gave an overview of the issue and recommendation. This is outlined in the actual recommendation in the website. The process for clearance of the response involved two departments so took longer. We asked each department to respond to including CDASS in SLS and CES. This was authorized in legislation in 2005 and has been promised and raised with the JBC for several years. The written response was provided and discussed and is on the waiver.

Barb Ramsey reviewed the response which was that the DDD could not commit to moving forward at this time with adding CDASS to SLS. The issue continues to be the FMS funding problem previously discussed. She committed to providing more specific information on how the FMS financing is an issue and provide us with concrete data

so that we can see the issue. Barb said that there might be a need to ask for some funding to “prime the pump” to get it started. Then we can identify timelines.

People expressed frustration at the length of time and asked why we could not discuss a lower amount with the FMS OR include all services under the CDASS delivery model to make the payment more consistent with the amount of service being provided. Barb will make sure there is an accurate document presented to the Advocacy Communications Group and on their website regarding progress on the CDASS implementation to SLS.

Training:

Jennifer Larson and Whitney Zanotelli were introduced to discuss training of case managers: They were told we had an interest in learning about training development and how they might involve us. Jennifer’s title is case manager trainer.

Jennifer said that she asked state staff and case managers about their training needs. They got over 200 responses and then they formed a training group with state staff, SEP, CCB and county staff, but no clients or advocates or family members. This has been going on since June of 2012. This group has gone through the list and determined that the biggest issues for them were related to compliance. One big issue was using the BUS. (online case management tool). They developed a technical guide on how to do service planning on the BUS. This was finalized in August (without any involvement from clients or advocates). The next biggest request

was the ULTC 100.2. There was an identified need for case managers to gain “soft skills” when interviewing clients. They get better responses when presenting with a case study. They just figured this out last month so just started this kind of questioning rather than broad based questions such as “tell us about case management”. They have already spent a few meetings discussing what a soft skills training will look like. They start by gathering info on what is happening now so they have a baseline. They wanted to have a “dynamic approach” and are now just beginning to “map something out” and are at a point to ask us specific questions. They want to do a self-paced online training. They have not had a lot of experience developing trainings through a group training development process that is statewide. They now have concrete questions to ask us how to help develop these skills. They have not been at this point until now. She did not know if this group is the right group to get input or not.

People were very upset about this because this committee and other groups including a leadership committee that meets monthly with Suzanne, Lorez and other managers have been saying for years that it is imperative to involve PWD in training development from the start. Robin Bolduc expressed that she and Denver Fox had worked many hours over about 6 months to do research to create an evidence based curriculum and was upset that this was not incorporated in the development work done by department staff. Others also expressed feelings of betrayal. This led to discussion about respect interaction.

Is respect using quiet voices or is respect following through on commitments or is it is neither, both or something else?

We wanted cultural competency and how to understand us. There are case managers that do not know what to ask or how to ask us because they do not know who we are.

Julie Farrar reminded the group that PDPPC came about because people on CDASS and people concerned about CDASS noticed a lot of disrespect on all sides but what we watched happen was consumer direction was taken over and destroyed and railroaded by one person. There used to be an interdisciplinary training development about CDASS and that was totally destroyed. We now have to do culture change with case managers—it used to be done but after it was destroyed by one HCPF person it has to be redone. Julie said it was a challenge to do this with webinars because there is not a safe place for culture change and discussion and people just do their paperwork and do not remember having even attended.

We worked hard to incorporate changes and this is really concerning that there was a process that once again we were not included.

Candie said it is two separate things: One is about which box to check and one is about culture change and they have not done any culture change work yet.

Jose said that it was important to note that this committee changed from an Advisory committee to a Policy Collaborative. He said nothing should happen in CDASS or IHSS without our consent. He said he was tired of what feels like manipulation. He said that ULTC 100 has become a problem that we have raised because it is not universal. He said he was frustrated because they keep coming to us saying they have a problem and we have a solution but HCFP keeps us out of offering the solution.

Jennifer apologized for having left us out and asked for help moving forward and said the training is not just for CDASS and IHSS but for all clients. They want case managers to consistently and appropriately assess clients statewide. She made an analogy between us and case managers and said all processes should be collaborative. She asked if this was appropriate forum did we want a demo, to be involved in a training workgroup, how to not feel we are excluded etc.

Linda A asked if the 12 people that attended the in person training on the BUS were supervisors or case managers. It was a mix mostly of case managers. Linda said she thought we were asking for case managers to be trained on issues surrounding CDASS. How they should look at how CDASS is to be utilized differently. There has not been any updated training for years –that is what we talked to Sarah Roberts about and she said training would be developed and we would be involved. That has not happened. If you are doing something general for case managers that is different. They said

they know this is a need but have not gotten to it because they only have one staff person and have not started it yet.

The group said they had been hearing that it is a resource issue forever.

Several people mentioned a pattern of HCPF management making promises and then sending people to meetings who do not know about the promises as they were not HCPF staff at the time.

Linda A. said that a lot of problems we had in the past were based on case managers not understanding CDASS re the service planning and BUS and other forms.

Linda S clarified she did not receive or have a family member that receives LTSS. She said that talking about ULTC and interviewing skills pushed her button and likely others felt that this is where we should be involved in the very beginning. She said that there is always value in having input from someone who lives the experience even in technological instructions. She also said the work Robin and Denver did was global to the whole LTSS population. She said that when there is not someone using LTSS at the table things get left out.

Robin said that the reason they developed the training they did was that people are new and do not know – which is what they are hearing now. The idea was that people would understand our community from the first day forward the curriculum was designed to

address this problem that we keep having. She confirmed it was global.

Candie asked: How can we move forward since they cannot move backwards:
Sara H suggested that we can email our contributions, questions, ideas for the training. What we think CM's needs to ask us at 6 month and annual. She also asked if the ULTC 100.2 fit with the task sheet. Julie said that it does indirectly, that ULTC 100.2 should be used for eligibility and should be connected to the care plan which happens sometimes and does not happen other times.

Sara H said that the diversity of disability is important and that needs to be a focus for training. The task sheet does not allow for cross disability concerns. There must be a statewide training and process and it should not vary county to county.

Whitney asked how often John sent out info to the group and John said it can be done upon request. Whitney said she would like to send out communication with questions to get feedback and asked if that was OK. Sara Horning said there may be a reason to identify responses by disability type. Some questions will not matter. They will work with John to do this and will then bring info back with trends and frequently asked questions. John said that there are many more people on CDASS than who are on his list. If we need to get something out to CDASS stakeholders we need to think beyond his list. John said that asking the right questions with the right

instrument is imperative. Mary said that this is what Robin and Denver already did.

Cathey said that PDPPC members have to attend three meetings to get a vote to show commitment and did the 12 people in her group have a commitment to show before they got to be part of the training? She also wanted to know what specific work was done in CDASS.

Whitney said that she captured the questions: She will answer next meeting

Jose asked that they not forget that we are professionals and HCPF staff agreed to this. He also asked about Sunshine laws and asked that they make public when and where these training meetings were. He said that these are open meetings and anyone should be able to attend.

Linda S. –specific recommendations

1) Add community member who is on LTSS. This group is clear about all LTSS clients.
2) We want to know what data you have and what was collected, do not repeat what Robin and Denver already did

April: Wanted to support HCPF and training department, PPL went through revamp of client training and it did include clients and was long and involved but it is a good product that is culturally sensitive. This was just rolled out in July. When they talk about CDASS training

that is what they mean and this is the next step, roll CDASS into case management training.

PPL is happy to outreach to clients via the statement if needed to solicit additional information.

This will be on agenda next time. Until they have worked out communication whitney.zanotelli@state.co.us can be contacted on any training issue.

Work plan Recommendation Updates:

Allocation Development: Last month Candie presented findings and small group was convened to help fix process. Linda A will share with Candie everything that had been done. There was a small group that met yesterday as there was a scheduling issue. Another meeting is scheduled 10/8 at 1:00 pm with a place to be determined. They went through task sheet and norms bulletin but did not get too much further. Discussion was to review these documents separately but did bring up some things that were obviously a problem like 15 minutes a week to clean a bathroom which is not appropriate. Had questions on transportation and other things that will require follow up. They still want to get to a place with a process for all HCBS programs without the task sheet but we are not there at this time. There was discussion about the date of the meeting and changing to the 9th. Candie will get back to people if that can work and with a room.

There needs to be a way to add other tasks to this on individual basis but if there is a common task that is missing that needs to be there lets' add it but also be clear to case managers that they can add other things. Clients should get a copy of the task worksheet that shows the client how their allocation was developed. Rhyann asked where we are with physician statement. It was submitted and is in HCPF clearance now.

FMS UPDATE:

They had the 2nd meeting recently another meeting is scheduled 10/4 from 1-3. John will send out the email. They are trying to get reps from Labor and Insurance to come in and answer questions. They have TA requests out to CMS. All questions shared with group. The RFI went out and everyone should have received a copy of that and it is posted on BIDS website. There will be information sent out in payroll and client statement about exchange but there is information available at Colorado.gov/health that we can give to our attendants.

Rate Increase:

Sara H said she had not been part of collaborative for awhile due to being in last part of graduate school. She did not know if anyone had experienced this but had to bring to table. She sent in a rate change form for employee and the employee did not see the rate change until after the 10th of this month. She understands that we need to send it in before the 1st or 16th. She finds it hard to understand why it should take over a month to see it on her check. Any other business that

implements rate changes does it more quickly. She lost her employee due to this. She also felt that packets need to be processed more quickly and we should know right away if they can let us know if they will need the full 5 days. Sara said she wanted to know why it took this long and if we can expect this level of delay in the future.

April responded that pay periods are the 1st-15th and the 16th-end of month. Form needs to be in before the pay period starts. She said that this will take about 3 weeks. That process has been in effect for a couple years. It used to be worse. April said she is always interested in feedback.

Cathey asked if PPL could do a sheet like the paycheck date sheet to let people know when they would need to get a rate increase in each time. April said yes but they could also just add a notation saying it needed to be in before the first day of the payroll to which you want it to apply. Email suggestions to aboehm@pcgus.com

Question: Can it happen more quickly? Answer: No
If you submit on the 31st it will show up on the 23rd but if you submit on the 17th it will still not show until the 23rd of the next month.
Can there be a rush put on rate changes? Answer: They try to manage to exceptions when they can but what would be a reason to rush a pay increase?
Example could emergency pay for someone to stay with them during a flood or natural disaster situation. April said that would be a valid

reason. She said that we also have 5 rates and could have an emergency rate for these times.

Another option would be quarterly. People did not like that idea.

Public Forum:
April had an item for the forum: As we heard about natural disaster and heard about need of clients and attendants so they did an outreach to main company and are trying to help effort and raise funds for people affected. Jennifer said they saw need from customer service line things like attendants not able to reach people, loss of equipment, etc. They worked with Independent Living Centers (Connections, Disabled Resource Center and Center for People with Disabilities in Boulder but they were closed due to the flood.) They are working with them and trying to raise funds for those three agencies to help. If anyone wants to help contact jdmartinez@pcgus.com.

Robin said two issues that came up in Boulder are medications and disposable medical goods were destroyed and Medicaid will not replace. They all donated cases of formula to a family so one would not starve to death so everyone went without meals. It is not just wheelchairs. Some could be dealt with policy change allowing for extra medications and formula or supplies in a major disaster. When they were on pilot project they were able to purchase a generator which no longer works. If they could have purchased a new

generator with a fund like we used to have, that would be wonderful. There are a lot of issues beyond wheelchairs. It was scary. Kelly in Larimer county said that Medicaid will do override for medications lost in the flood. The pharmacy will do an override for medications lost in the flood. The pharmacy has to contact help desk and get override. There was an email that came out on the 17th but apparently did not get to clients or advocacy groups.

Robin said that there are needed items that are not from pharmacies and John will explore this and find out if Medicaid will replace and send out to others.

Someone suggested that Symbius is a good supply company.

Linda S. said that the letter specific to Medicaid should go to United Way and Salvation Army and other places beyond departments so they are aware of that.

Maria said that Fund for Additional Services FAS has been brought up many times and she cannot stress how important it is at least for office supplies, advertising, etc.

Next agenda:

Barb Ramsey on SLS and FMS cost data

Josh CFC

Julie Farrar report on Consumer Direction Subcommittees final report to the CLAG (Distribute definitions)

Vivienne Belmont from DORA re IHSS

Whitney re training

FMS –update

Allocation Workgroup –update

The meeting adjourned at approximately 4 pm

Respectfully submitted: Julie Reiskin